

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-02-3973.M4

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,633.20 for dates of service 06/07/01, 07/11/01, and 08/15/01.
- b. The request was received on 02/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Reimbursement data
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA(s)
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/24/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/26/02. The 3 day response from the insurance carrier was received in the Division on 03/01/02. All of the documentation in the case file will be reviewed and a decision will be rendered.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

“Per Spine Treatment Guideline 131.1001 (T)(i) ESI must be under fluoroscopic control. Please refer to Avisory 97-01.

Fluoroscopic guidance with epiduragram is not global to the injection procedure as billed by the doctor on her professional charges. The injection procedure CPT code *62289 is a starred procedure, which is not subject to the global rules and allows us to bill for the technical portion of the radiology procedure of the ESI. Denied global is incorrect our Technical portion of the ESI is documented in the operative report ‘Under intermittent C-arm fluoroscopic guidance’ This is required and is medical[sic] necessary.”

2. Respondent:

The Respondent did not submit a letter of response to dispute resolution.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review 06/07/01, 07/11/01, and 08/15/01.
2. The denial codes listed on the alternate TWCC 62 are “F-REIMBURSEMENT FOR YOUR RESUBMITTED INVOICE HAS BEEN CONSIDERED. NO ADDITIONAL MONIES ARE BEING PAID AT THIS TIME. D-REIMBURSEMENT FOR UNILATERAL OR BILATERAL PROCEDURES IS BEING WITHHELD AS THE MAXIMUM NUMBER OF OCCURENCES[sic] FOR A SINGLE DATE OF SERVICE OR MAXIMUM LIFETIME FOR THE CLAIM HAS BEEN EXCEEDED. M-REDUCED TO FAIR AND REASONABLE. N-NOT DOCUMENTED.”

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/07/01 07/11/01 08/15/01	76499-27-22	\$350.00 \$350.00 \$350.00	\$105.60 \$105.60 \$105.60	F,M F,M F,M	DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The carrier has denied the charges in dispute as “ F-and M. ” Carrier’s response is timely and no other EOB’s or reaudits were noted. Therefore, the Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. According to the TWCC Advisory: “ESIs must be performed under fluoroscopic control. The CPT descriptor states, “Unlisted diagnostic radiologic procedure.” The medical documentation indicates that the provider is billing for fluoroscopic guidance (fluoroscopy). The MFG GI (II)(A) states, ... (TWCC) has incorporated usage of the ... (AMA’s) 1995 ... (CPT) codes. The MFG has CPT code 76000 which has the descriptor “Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy). The CPT code 76000 is sufficiently descriptive of the procedure performed and should have been used. The MAR value of 76000-27 is \$88.00. The Carrier has reimbursed the CPT code in dispute for the DOS at \$105.60. Therefore, additional reimbursement is not recommended.
06/07/01 07/11/01 08/15/01	76499-27	\$300.00 \$300.00 \$300.00	\$0.00 \$0.00 \$0.00	D,N D,N D,N	DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The carrier has denied the charges in dispute as “ D and N. ” Carrier’s response is timely and no other EOB’s or reaudits were noted. Therefore, the Medical Review Division’s decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. Medical documentation indicates that the services were rendered. According to the TWCC Advisory: “ESIs must be performed under fluoroscopic control. The TWCC Advisory 97-01 states, “...When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, such procedures (emphasis added) are considered part of the service and should not be billed separately. The procedure in dispute is an epiduragram and is a procedure that should not be reimbursed separately. Therefore, no reimbursement is recommended. Therefore, reimbursement is not recommended.
Totals		\$1,950.00	\$316.80				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 18th day of July 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.